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Optimizing treatment of seminoma stage IIA/B step by step

We would like to congratulate Horwich et al. for their results on therapy optimization for stage IIA/B testicular seminoma [1]. The 100% recurrence-free survival rate was achieved by the combination of low-intensity carboplatin chemotherapy and partially limited dose and volume radiotherapy. The key idea behind this concept is eliminating the weaknesses of radio- and chemotherapy, if used as single modality. While radiation therapy is highly effective in the paraaortal and pelvic nodal regions, relapses can occur outside the irradiated volume [2]. On the other hand, carboplatin can safely combat microscopic tumour deposits, but it cannot achieve satisfactory remission in the involved lymph nodes [3]. Combining both modalities each in deescalated form can thus achieve optimal results, hopefully without additional toxicity.

The Swiss Group for Clinical Cancer Research (SAKK) together with the German Testicular Cancer Study Group has embarked on a prospective trial to test one cycle carboplatin AUC7 followed by involved node radiation therapy for stage IIA/B seminoma patients (NCT01593241) (<http://clinicaltrials.gov/show/NCT01593241>). The SAKK-01/10 trial is recruiting patients at nine sites since 2012.

The novel approach of the trial is to further deescalate treatment by drastically shrinking the radiation fields to include only the involved lymph nodes and adjacent high-risk regions. A centralized review of initial diagnostic imaging with definition of gross tumour volume (GTV), clinical target volume (CTV) and planning target volume (PTV) is carried out upon study inclusion. The GTV, CTV and PTV recommendation by the reference panel is then used by the treating physicians for radiation therapy planning. The resulting PTV as per SAKK-01/10 protocol in a patient with a single affected lymph node is >80% smaller compared with the standard PTV (paraaortal and ipsilateral pelvic lymph node areas) for a seminoma stage IIA/B patient. We expect this reduction in treatment volume to result in a marked difference in the incidence of acute and late adverse events while hopefully maintaining its efficacy.

Early stage Hodgkin's lymphoma and seminoma are similar diseases with cure achieved in over 90% of patients with first-line treatment. Late treatment sequelae are a major concern, since they may affect even more patients than disease recurrence will. While numerous phase III trials have addressed therapy optimization for all stages of Hodgkin's lymphoma with practice changing results (<http://clinicaltrials.gov/show/NCT01593241>), rather little has been done prospectively in seminoma, especially stage IIA/B. One of the problems is surely to obtain appropriate funding for clinical research in this curable and rather rare disease. Therefore, current stage IIA/B seminoma treatment guidelines are based on the retrospective analyses and rather small single-arm prospective trials.

We look forward to joining efforts with interested physicians for collaborative trials on testicular cancer patients testing novel treatment approaches.

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disclosure

The authors have declared no conflicts of interest.

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Bio-radiation dermatitis: the need of a new grading: in regard to Bernier et al: *Ann Oncol* 2011; 22 (10): 2191–2200

Dear Sir,

The Bernier [1] proposal regarding specifically the new radio-biodermatitis classification has so far been the only article to